SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is-delivery address different from item 1?   Yes
1. Article Addressed to: 9-/9-0%	If YES, enter delivery address below:
* 02-284 Clear Channel Broadcasting Licenses, Inc. 200 E. Basse Road San Antonio, TX 78209	
	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952